

**CODE ENFORCEMENT MINIMUM STANDARDS**  
**INSPECTION REQUEST**

Today's Date: \_\_\_\_\_

Business Tax Receipt #: \_\_\_\_\_  
(Required for owners of 3 or more rental units)

Tell us the type of inspection you require:

☐ Rental Inspection – change of tenant

☐ Reinspection

☐ Other – Please explain: \_\_\_\_\_

Address of rental property: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Contact number: \_\_\_\_\_ Date and time requested: \_\_\_\_\_  
(Inspection)

Please fill this form out and return to: Community Improvement Division  
141 Central Avenue Clewiston, Florida 33440  
Email: [debbie.mcneil@clewiston-fl.gov](mailto:debbie.mcneil@clewiston-fl.gov)  
Fax: (863) 983-3406

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**For office use only (do not write below line)**

Date and time scheduled: \_\_\_\_\_ Inspector: \_\_\_\_\_

☐ Pass ☐ Fail      Corrective Actions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_